Special Insurance Issue

Informer

April 2002

A newsletter for retired members of the State Employees' Retirement System of Illinois

Benefit Choice Enrollment Period

Enclosed is the annual Benefit Choice book provided by the Department of Central Management Services (CMS). Since this information is very important, and some benefits and premiums have changed, take a few minutes to review it.

The annual Benefit Choice enrollment period is held during May of 2002, and any changes you make to your insurance coverage during the enrollment period become effective July 1, 2002.

Your changes must be received at SERS by May 31, 2002. ***If you don't want to make any changes, you don't have to do anything.***

You can only make changes to your coverage during the Benefit Choice enrollment period. Otherwise, you have to wait until next year's enrollment period.

Starting July, 1, 2002, the Quality Care health plan administrator is changing from UNICARE to CIGNA. The Quality Care prescription drug plan administrator changes from National Prescription Administrators to Caremark. Members enrolled in Quality Care will automatically receive new ID cards from both of these plans.

Important insurance information is shown on the following pages:

- Increased health insurance premiums for dependents, page 12.
- Deductibles for members and their dependents, page 21.
- Pre-certification for outpatient procedures, page 23.
- Information on filing a claim, page 31.
- Optional life insurance, page 47. ***Notice the higher premium rates on optional life for members age 85 and older.***

If you reside outside of Illinois during part of the year, you should not join a Health Maintenance Organization (HMO) or the Managed Care dental plan. These plans have strict requirements about using the designated providers. Your benefits would be severely reduced by not using their providers. In some cases, no benefits would be paid if the designated provider is not used.

Eligible dependents may be added to health coverage during the Benefit Choice enrollment period without evidence of insurability. If you add a spouse for health insurance, we need a copy of your marriage certificate with your written request. If you add a child, we need a copy of their birth certificate with your written request.

For all dependents being added, we need their name, relationship to you, date of birth, Social Security number, and a copy of their Medicare card (if applicable).

In order to waive pre-existing conditions or waiting periods for added

Benefits *(continued on next page)*

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SRS Executive Secretary,
Michael L. Mory

Q&A — This section contains some frequently asked questions of interest.

Q: ***How do I file a claim for the Vision Service Plan (VSP)?***

A: If you use a participating provider, they file the claim for you. The VSP benefit allows you to receive a routine eye examination once a year. Glasses are covered once every two years. For more information on reimbursements for glasses and contact lenses, call the Vision Service Plan at 1-800-877-7195.

Q: ***My primary care physician is terminating his contract with my HMO. What are my options?***

A: If you receive a letter that your primary care physician is dropping out of your HMO, you may choose another primary care physician; choose another HMO; or choose the Quality Care health plan, using any physician you wish.

Notify our office in writing so the necessary changes can be processed. We will also need a copy of the letter you receive from your physician for verification.

Q: ***Are dentures covered under the Quality Care Dental Plan with CompDent?***

A: Currently, the Quality Care dental plan pays up to $668 for a complete upper denture, and up to $673 for a complete lower denture, after a $50 deductible. Replacement dentures are covered if the previous denture is at least five years old, or if structural changes to the mouth requires a new denture.

Q: ***Does my Group Life Insurance Plan have any cash value?***

A: The Group Life program is term-life insurance with no cash value and is only payable to your nominated beneficiary in the event of your death.

Q: ***How do I change my life insurance beneficiary?***

A: Contact SERS and we will send you a change of beneficiary form to be completed and returned to our office. Your beneficiary designation isn't valid until you sign and return it to us.

If you want to make a change to your insurance coverage, you may use the CMS Telephone Enrollment System (instructions begin on page 7 of the Benefit Choice book) or call us at 217-785-7150.

A SERS insurance representative will provide you with personalized answers about your coverage. Our office is open Monday thru Friday from 8 a.m. until 4:30 p.m.

Benefits
(continued from cover)

dependents, we also need a copy of their creditable coverage letter from the previous health insurance carrier.

The deadline for making these changes is also May 31, 2002, with coverage beginning July 1, 2002.

Dependents may be added to your coverage any time during the year if you experience a change in family status and notify us in writing within 60 days of the event (such as marriage, birth, etc.).

Any increase in life insurance coverage still requires a completed health certificate, which is subject to approval by the life insurance carrier.

If you wish to make changes to your medical, dental or life insurance coverage, please contact the SERS Insurance Section at 217-785-7150.

You may contact our Chicago office at 312-814-5853 or TDD for hearing-impaired members at 217-785-7218.

The deadline for making changes to your insurance coverage is May 31, 2002

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